

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 11/21/05  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: BULK FLUID FLOW GATE  
Attorney Docket Number:: 005092.00078  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 30  
Small Entity?:: YES  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Strand  
Name Suffix::  
City of Residence:: Sherborn  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of mailing address:: 16 Nason Hill Lane  
City of mailing address:: Sherborn  
State or Province of mailing address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 01770

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dan  
Middle Name:: M.  
Family Name:: Leatzow  
Name Suffix::  
City of Residence:: Kalispell  
State or Province of Residence:: MT  
Country of Residence:: USA  
Street of mailing address:: P.O. Box 1442  
City of mailing address:: Kalispell

State or Province of mailing address:: MT  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 59903

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22910

### **Representative Information**

Representative Customer Number:: 22910

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/015934	05/19/04

PCT/US04/015934	Non-Provisional of	60/471,639	05/19/03

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Protasis Corporation  
 Street of mailing address:: 734 Forest Street  
 City of mailing address:: Marlborough  
 State or Province of mailing address:: MA  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 01752